## LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) THIS SPACE FOR OFFICE USE ONLY

GB FEB 12 PM 2: 28

EIMIL OF SIME STATE OF IDAHO

Period covered

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address Kity Kunz 6833 W. AmityRd

2-12-08

Date prepared

month ending

(Day) (Mo.) (Yr.) 2008

Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Employer No. 4 Employer No. 3 Do Not Have to be Reported Employer No. 1 Employer No. 2 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services Total

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals of	e totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.								
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group						
(	( )	- 0 -	0	-0-						

Continued on attached page(s)

INSTRUCTIONS  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		Employer(s) Name(s) and Address(es)	
		Idaho Association of Naturopathic No. 1 380 N. Capital Ave Physician Idaho Falls ID 83402	
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.	No. 2		
TO BE FILED WITH:  Ben Ysursa Secretary of State			
PO Box 83720 Boise, ID 83720-0080	No. 4	-	

Item	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.								
4	Date		Amount	Nar	Name of Legislator, Public or Executive Official Receiving or Benefiting				
Item 5	or Hou	ise Bill, bbyist w	Resolution or other as supporting or op		Code	LEGISLATIVE SUB- Subject Agriculture, horticulture,		IDENTIFICATION  Subject Health service, medicine, drugs	
Subject			solution or Other ive Ident, Number	Appropriation Bill Number and Section Number		farming, and livestock		and controlled substances, health	
(from			ropathic	and Section Number	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, county Government, municipal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
Item Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.					•	CERTIFICATION: I hereby certify correct statement in accordance with the control of the control			